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Pattern Identifications for Stroke Patients admitted to National Rehabilitation Center using Korean Standard Pattern Identification for Stroke-III

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Purpose: This study aims to report the distribution of pattern identifications for stroke patients admitted National Rehabilitation Center (NRC) by using Korean Standard Pattern Identification for Stroke-III.

Methods: Using Korean Standard Pattern Identification for Stroke-III, two Korean traditional medicine doctors conducted independent tests on total 50 patients admitted to NRC from June 2013 through November 2013, who were 20 years and older. The descriptive statistics were conducted to describe the distribution of pattern identification for subjects. ANOVA was used to analyze the difference in ages and K-MBI means according to the pattern identification, while Pearson's chi -square test and Fisher's exact test were used to analyze difference in sex, type of stroke, and disease period within pattern groups, and to analyze the difference of pattern distribution between those who were 65 or older and those who were 64 or younger.

Results: Average age for the 50 subjects is 56.7±11.0 years, with 33 men and 17 women. There were 37 patients of cerebral in farction, 13 more than patients of cerebral hemorrhage, while the largest group with 24 patients developed stroke minimum 3 months and maximum 6 months before. K-MBI mean was 55.7±18.6. 22 patients were qi deficiency type and 15 were dampness-phlegm type, while 8 were yin deficiency type and 5 were fire-heat type. The means of the age and K-MBI within 4 groups were not significantly different. Also there was no significant difference in sex, type of stroke and disease period according to the pattern identification. A comparison of pattern distribution between those who were 65 or older and those who were 64 or younger showed no significant difference.

Conclusion: To ensure effective rehabilitation therapy, the fact that many of the rehabilitation patients are qi deficiency type needs to be considered.

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Patients' experiences of Craniosacral Therapy in the treatment of chronic neck pain: a qualitative analysis of health outcomes

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Purpose: Current research within the field of Craniosacral Therapy (CST) is limited, especially in terms of appropriate health outcomes for body based complementary and alternative therapies. Therefore this study aimed to investigate how patients experience the treatment of CST and to infer suitable outcome measures for further clinical trials.

Methods: A subsample of chronic non-specific neck pain patients was selected from a randomized controlled trial examining the efficacy of CST in comparison to sham (NCT01526447). At baseline 19 patients (mean age 42.5 ± 10.4; 13 fem ale) of the CST group were asked to complete drawings of their perceived body shape and pain areas. Drawings were repeated after 8 weekly treatments and were followed by a semi-structured interview. Data were analyzed using qualitative content analysis.

Results: Changes due to CST were reported at various levels of human experiencing. Most patients described positive changes in more than one of the following domains: physical (less intensity of pain, headache and dizziness, improved sleep and range of motion), perceptional (more upright and symmetrical posture, sustained deep relaxation), emotional (pain is less threatening, increased calm, confidence and hope), cognitive (increased body awareness and self-efficacy, extinction of pain memory, increased concentration and less mind cinema), spiritual (sense of basic trust and peace), behavioral (moving in action alternatives, actively avoid stress, sport is again possible), social (more social contacts and activities) and economic domain (less pain medication, improved work efficiency). Several patients reported initial aggravation of symptoms, but no persisting or serious adverse events.

Conclusion: Study results indicate that measuring health outcomes in CST research should not only be limited to a physical symptom level, but should also include tools for quantifying salutogenic variables and economic reliefs as well as adverse events.

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